



Employee Name: _____

Employee #: _____ Dept. / CC: _____ Phone Ext. _____

FOR USE DURING CAMPUS SHUTDOWN DUE TO CORONAVIRUS PANDEMIC

Week 1						
Date	Pay Code	Start Time	Break OUT	Break IN	End Time	Total Hours
8/29/20						
8/30/20						
8/31/20						
9/1/20						
9/2/20						
9/3/20						
9/4/20						

Week 2						
Date	Pay Code	Start Time	Break OUT	Break IN	End Time	Total Hours
9/5/20						
9/6/20						
9/7/20						
9/8/20						
9/9/20						
9/10/20						
9/11/20						

Comments:

Supervisor Name:
(Please Print) _____

Supervisor
Signature: _____

Date: _____